

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TR. (CATE)\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

Copy to S.F.

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Secondary Recovery SWI Well		7. UNIT AGREEMENT NAME East Shugart Unit	
2. NAME OF OPERATOR Atlantic Richfield Company		8. FARM OR LEASE NAME East Shugart Unit	
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201		9. WELL NO. 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter C 990' FNL 2310' FWL		10. FIELD AND POOL, OR WILDCAT Shugart, Y, 7R, Q, G	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T18S, R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3645' DF		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Change in lease and well name	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

Unitization #14-08-001-11572

The lease name and well number will be changed from Hinkle A Well #12 to East Shugart Unit Well #6, effective 7-1-69

RECEIVED

JUL 9 1969

O. C. C.  
ARTESIA, OFFICE

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]TITLE Dist. Prod. & Drlg. Supt.DATE 7-2-69

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD PURPOSES ONLY  
JUL - 8 1969  
Date  
ACTING District Engineer

\*See Instructions on Reverse Side